

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4		4				
5		3				
6		3				
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50						
TOTAL IND.	2					
TOTAL DEP.	42					
TOTAL CLAIMS	44					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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